

Application Data Sheet**Application Information**

Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD disks::
Number of Copies of CDs::
Sequence Submission?:: None
Computer Readable Form (CRF):: No
Number of copies of CRF:: 0
Title:: MULTI-LAYER SLAB PRODUCT MADE
OF STONE GRANULES AND RELATIVE
MANUFACTURING PROCESS
Attorney Docket Number:: 2503-1004
Request for Early
Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets::
Small Entity?:: No
Latin Name::
Variety Denomination Name::
Petition Included?:: No
Petition Type::
Licensed US Gov't Agency::
Contract or Grant Numbers::
Secrecy Order in Parent No
Appl.?::

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: ITALY
Status:: Full Capacity
Given Name:: ALESSANDRO
Middle Name::
Family Name:: GODI
City of Residence:: VERONA
State or Province of Residence::
Country of Residence:: ITALY
Street of Mailing VIA FRANCIA 4
Address::
City of Mailing Address:: VERONA
State or Province of Mailing Address::
Country of Mailing Address:: ITALY
Postal or Zip Code of Mailing Address:: I-37135

Applicant Authority Type:: Inventor
Primary Citizenship Country:: ITALY
Status:: Full Capacity
Given Name:: PIERPAOLO
Middle Name::
Family Name:: TASSONE
City of Residence:: VERONA
State or Province of Residence::
Country of Residence:: ITALY
Street of Mailing VIA FRANCIA 4
Address::
City of Mailing Address:: VERONA
State or Province of Mailing Address::
Country of Mailing Address:: ITALY
Postal or Zip Code of Mailing Address:: I-37135

Correspondence Information

Correspondence Customer Number:: 000466

Representative Information

Representative Customer Number::	000466
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/EP00/08181	8/22/00

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
ITALY	MI99A001835	8/26/99	Yes

Assignment Information

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::